

WITNESSES EXPENSE CLAIM FORM

THIS FORM SHOULD BE BROUGHT WITH YOU WHEN YOU ATTEND COURT

CLAIMANT DETAILS

WITNESSES NAME

ADDRESS STATE POSTCODE

EMAIL ADDRESS

Please note: If bank account details are not provided, a cheque will be mailed out to the address above. *International witness – please provide your IBAN/SWIFT code.

EFT Details: Account Name *Bank

BSB Number | | | - | | | Bank Account Number

The maximum allowances detailed below are determined by the *Criminal Procedure Regulations 2020 S.R. No. 134/2020*

1. WITNESS APPEARING IN A PROFESSIONAL OR EXPERT CAPACITY

- \$79.50 if 4 hours or less; or
- \$79.50 plus \$20.60 for each additional hour if more than 4 hours.
(Maximum of \$158.80 for any one day) Days @ \$..... \$.....

2. ORDINARY WITNESS

A. Loss of Income:

If claiming loss of income, please complete **Certification of Loss of Income** (if employed) or **Statutory Declaration** (if self-employed) **on the back of the form.**

B. Expenses Incurred. If not employed:

Actual expenditure incurred up to a maximum of \$33.70 for each day (*Receipts must be provided*) \$.....

OVERNIGHT ACCOMMODATION & MEALS

Maximum amount \$214.95 (Circuit)/\$221.50 (Melbourne) per night..... Nights @ \$214.95/\$221.50
(*Receipts for accommodation expenses must be provided*) \$.....

TRAVEL Public transport

Motor Vehicle (Only payable if Public Transport is not available) Kilometres @ 18 cents \$.....

Other (*give reason*) *Receipts must be provided* \$.....

MEAL ALLOWANCES (If overnight accommodation is not claimed)

Breakfast *Maximum \$12.40 same day* Days @ \$.....

Lunch *Maximum \$12.40 same day* Days @ \$.....

Dinner *Maximum \$16.50 same day* Days @ \$.....

Overnight Meal Allowance

Description	Capital City	Any other location
Breakfast	\$17.70	\$15.75
Lunch	\$19.75	\$18.05
Dinner	\$34.05	\$31.15

SUB TOTAL \$.....

Less Conduct Money Paid \$.....

NET AMOUNT CLAIMED \$.....

I declare that I attended court to give evidence in the matter of *Name of Accused* and incurred the above expenses/losses.

SIGNATURE OF CLAIMANT Date / /

FOR OFFICE USE ONLY - CASE ATTENDANCE DETAIL

Name of Accused Matter ID

Court Region **County Court/Supreme Court** (please circle)

Dates Attended: From To From To

Time Excused / Released

I certify that the witness attended court for days as detailed above and \$.....conduct money was paid.

SOLICITOR (OPP) / INFORMANT Date / /

Date Paid..... EFT/Cheque No Amount \$..... Paying Officer.....

Please forward completed form to: Office of Public Prosecutions - Finance Section, PO Box 13085, Melbourne VIC 8010 or fax through to (03) 9603 7676 or email to opp.finance@opp.vic.gov.au

LOSS OF INCOME

Please complete Certification of Loss of Income if employed

(Actual income lost up to a maximum of \$69.10 for each day, or part of a day)

CERTIFICATION OF LOSS OF INCOME - Employer must complete and sign the Certification of Loss of Income

I CERTIFY THAT WILL HAVE INCOME TO THE
EXTENT OF \$ PER DAY OR \$ PER HOUR DEDUCTED BY REASON OF HIS/HER ATTENDANCE AT COURT.

EMPLOYER SIGNATURE

EMPLOYER NAME

EMPLOYER ADDRESS

.....

-----OR-----

Please complete Statutory Declaration if self-employed or conducting your own business

(Actual income lost up to a maximum of \$69.10 for each day, or part of a day)

STATUTORY DECLARATION

I DO SOLEMNLY DECLARE THAT I AM SELF EMPLOYED / CONDUCT A
BUSINESS OF MY OWN AND BY REASON OF MY ATTENDANCE AT COURT I WILL LOSE NET INCOME OF \$.....

I MAKE THIS SOLEMN DECLARATION CONSCIENTIOUSLY BELIEVING THE SAME TO BE TRUE AND BY VIRTUE OF THE PROVISIONS OF AN
ACT OF THE PARLIAMENT OF VICTORIA RENDERING PERSONS MAKING A FALSE DECLARATION PUNISHABLE FOR WILLFUL AND CORRUPT
PERJURY.

DECLARED AT..... IN THE STATE OF VICTORIA,

THIS DAY OF 20.....

SIGNED:

(Signature of person making this declaration)

BEFORE ME

.....

(Signature of authorised witness)

.....

(Name of authorised witness)

**A FULL LIST OF PERSONS WHO MAY WITNESS THE SIGNING OF A STATUTORY DECLARATION IS CONTAINED UNDER SECTION 30 OF THE OATHS AND AFFIRMATIONS ACT 2018 SUCH PERSONS INCLUDE;

- | | |
|--|------------------------|
| ARCHITECT | NURSE |
| CHIROPRACTOR | OCCUPATIONAL THERAPIST |
| CONVEYANCER | OPTOMETRIST |
| DENTIST | PATENT ATTORNEY |
| FINANCIAL ADVISER OR FINANCIAL PLANNER | PHARMACIST |
| LEGAL PRACTITIONER | PHYSIOTHERAPIST |
| MEDICAL PRACTITIONER | PSYCHOLOGIST |
| MIDWIFE | TRADE MARKS ATTORNEY |
| MIGRATION AGENT | VETERINARY SURGEON |